


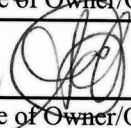
Notification of Demolition and Renovation

I. Facility Information (Identify owner, removal contractor, and other operator)				
Owner: Levittown UFSD				
Address: 850 Seaman Neck Rd				
City: Seaford		State: NY		Zip: 11783
Contact: Jim Tosner			Tel: 516.520.8335	
Removal Contractor: 192 Branch Interior Services, Inc.				
Address: 119 Gary Way				
City: Ronkonkoma		State: NY		Zip: 11779
Contact: Arthur Chu			Tel: 631-467-6600	
Other Operator:				
Address:				
City:		State:		Zip:
Contact:			Tel:	
II. Type of Notification (O = Original / R = Revised) : O				
III. Type of Operation (D = Demolition / R = Renovation) : R				
IV. Is Asbestos Present? (Yes/No) Yes				
V. Facility Description (Include building name, number and floor or room number)				
Building Name: Levittown Memorial Education Center				
Address: 150 Abbey Lane				
Address:				
City: Levittown		State: NY		County: Nassau
Site Location: 1st Floor Storage Room				
Building Size	Sq Meter:	Sq Ft.: 60,000	# of Floors:	Age In Years:
Present Use: School		Prior Use: School		
VI. Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material:				
Polorized Light Microscopy				
VII. Approximate Amount of RACM to be Removed and NonFriable Asbestos Material That Will Not be Removed. Specify the Amount of Asbestos Below:				
	ACM To Be Removed	Nonfriable Asbestos Material Not to be Removed		
		----- Category I		Category II
Pipes - Linear Feet				
Pipes - Linear Meters				
Surface Area - Square Feet	240			
Surface Area - Square Meters				
Volume RACM Off Facility Component - Cubic Feet				
Volume RACM Off Facility Component - Cubic Meter				
VIII. Scheduled Dates of Asbestos Removal (MM/DD/YY)		Start: 2/26/2016 Completion: 3/3/2016		
IX. Scheduled Dates of Demo/Renovation (MM/DD/YY)		Start: Completion:		

continued on page 2

Figure 1. Notification of Demolition and Renovation

Notification of Demolition and Renovation

X.	Description of Planned Demolition or Renovation Work, And Method(s) to be Used: Removal of asbestos duct		
XI.	Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site: PAPR and half face respirators, airless sprayers, negative air machines, collapsible showers, personal sampling pumps, HEPA vacuums. Asbestos dissemination will be prevented utilizing 12NYCRR part 56. This procedure includes proper wetting methods and adheres to all rules and regulations.		
XII.	Waste Transporter # 1.		
	Name: ATC Transport Company, Inc.		
	Address: 2 Moriches Middle Island Road		
	City: Shirley	State: NY	Zip: 11967
	Contact Person:		Tel: 631-924-5050
	Waste Transporter # 2.		
	Name:		
	Address:		
	City:	State:	Zip:
	Contact Person:		Tel:
XIII.	Waste Disposal Site		
	Name: Minerva Enterprises		
	Address: 9000 Minerva Road SE		
	City: Waynesburg	State: OH	Zip: 44688
	Telephone: 330-866-3435		
XIV.	If Demolition Ordered by a Government Agency, Please Identify the Agency Below:		
	Name:	Title:	
	Authority:		
	Date of Order (MM/DD/YY):	Date Order to Begin (MM/DD/YY):	
XV.	For Emergency Renovations		
	Date and Hour of Emergency (MM/DD/YY): 2/26/2016 @ 3:00pm		
	Description of the Sudden, Unexpected Event: Air duct system collapsed and fell in storage room. Duct is wrapped in asbestos		
	Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations: Asbestos wrapped duct is exposed and hanging in the middle of the room. Removal is needed before it fully collapses.		
XVI.	Description of Procedures to be Followed in the Event that Unexpected Asbestos is found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder.		
XVII.	I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been Accomplished by this person will be available for Inspection During Normal Business hours. (Required 1 year after Promulgation)		
	 _____ Signature of Owner/Operator		2-24-16 _____ Date
XVIII.	I Certify that the above information is correct.		
	 _____ Signature of Owner/Operator		2-24-16 _____ Date



ASBESTOS LEAD FIRE WATER MOLD CONSTRUCTION

119 Gary Way, Ronkonkoma, NY 11779
OFFICE 631.467.6600 TOLL FREE 1.800.734.9947
FAX 631.467.6611
www.BranchServicesInc.com

February 24, 2016

United States EPA
Environmental Protection Agency
Air Compliance Unit
290 Broadway, Suite 1539
New York, NY 10007-1823

Re: Asbestos Notification

To Whom It May Concern:

Enclosed you will find original notification. Included are 3 copies of this notification and a self-addressed stamped envelope.

If you have any further questions do not hesitate to contact us.

Sincerely,

Amy Dominguez
Executive Administrator

